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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CAPITOL SERVICES, INC. Account Number: 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622 *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:

Foreign Limited Liability Company JON-DON, LLC

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S. PRATHER

***FILE SECOND - FILE AFTER THE WITHDRAWAL FILING FOR JON-DON, INC.

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Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	MESS IN THE STATE OF FLORIDA.			
1. JON-DON, LLC (Name of Foreign	gn Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	TJ.C.')	~	
		include (*f in	_ nited	
Liability Company," "L.L.C,"	cruste name adopted for the purpose of transacting business in Florida. The alternate name or "LJ.C.")	; must matche 1.10	шил	
2. Delaware	3. 36-2974501 (FEI number, if applicable)		-	
(Jurisdiction under the law of company is organized)	f which foreign limited liability (FEI number, if applicable)			
4. Upon Filing	(Date first transacted business in Florida, if prior to registration.)	•		
	(See accions 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 400 Medinah Road		,		
Roselle, Illinois 60172		<u></u>	201	
	(Street Address of Principal Office)	⊋Ç	19	
6. 400 Medinah Road		- F	2019 FEB 27	==
Roselle, Illinois 60172		- Î	N	61 [7]
	(Mailing Address)	C/S		
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	[13] (3)	A	5
Name:	Capitol Corporate Services, Inc.	inios ma	AM :I:	Ţ
Office Address:	515 East Park Avenue, 2nd Floor	L. 2	45	
	Tailahassee , Florida 32301 (Zip code)	_		
	(City) (Zip code)			
designated in this applica	tance: gistered agent and to accept service of process for the above stated limited liab gistered agent and to accept service of process for the above stated limited liab gistered agent and agree to act in the gistered agent as registered of my dutte my position as registered agent. Limited above stated limited liab Kim Tadlock, Asst Sect Limited agent. Capitol Corporate Serv	s, and I am famili on behalf of	ne puo ther ag lar witi	e Tee i and
	(Registered agent's signature)			
0. The name title or com	acity and address of the person(s) who has/have authority to manage is/are:			
	ny Inc., Managing Member			
400 Medinah Road				
Roselle, Illinois 60172				
jurisdiction under the law of the translator must be	Signature of an authorized person			e ath
This document is execute submitted in a document	ed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that a to the Department of State constitutes a third degree felony as provided for in s.8.	ny false informati 7.155, F.S.	on	
	John Paolella, Authorized Person			
	Typed or printed name of signeo			

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JON-DON, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JON-DON, LLC"
WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

6529811 8300 SR# 20191374018

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSUS

Authentication: 202322616

Date: 02-25-19